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INFECTIVE ENDOCARDITIS REVISITED: CLINICAL MANIFESTATIONS AND ECHOCARDIOGRAPHIC FINDINGS OF PATIENTS WITH INFECTIVE ENDOCARDITIS

ACC Moderated Poster Contributions
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Background: Traditional descriptions of infective endocarditis (IE) are still largely based on data obtained several decades ago, when patients presented and diagnosed with more advanced disease and therefore more classic symptoms and signs could be found. The purpose of this study was to understand the clinical manifestation, and laboratory findings of patients with IE in the 21st century.

Methods: Retrospective case-control study patients admitted with possible diagnosis of IE. The baseline cohort comprised of adult patients referred for echocardiography with a primary indication to investigate possibility of IE between Jan 2005 to 2010. Cases were defined as patients who met Modified Duke Criteria for IE and the rest of the cohort were defined as control group. The health records were examined for demographic data, symptoms, risk factors, physical exam finding and Laboratory test results, and outcome.

Results: 44 patients were diagnosed with IE and the rest (36) were assigned as control group. Both groups were similar in baseline characteristics. Mean age was 47 and 51 in case and control groups respectively. 50% and 41 % of case and control group were using IV illicit drugs. Most classic signs of IE including Janeway lesion (5 vs 2), and Osler's node (3 vs 1), and Roth spot (2 vs 0) were not common and not significantly different between the groups. Of physical exam findings, tachycardia at presentation (24 vs 6, $p=0.0004$), elevated JVP (11 vs 2, $p=0.03$) and splinter hemorrhage (6 vs 0 $p=0.04$) were significantly more common in IE group. More patients in IE group had anemia (31 vs 16 $p=0.02$), thrombocytopenia (14 vs 4 $p=0.03$), hematuria and proteinuria. Of these findings only tachycardia, hematuria, and anemia remained significantly more common in multivariate analysis. Mortality was 20% (9).

Conclusion: In the new era, patients with IE present with more non-specific symptoms and most classical signs of IE were not different between the case and control group. Also in a cohort of patients in whom clinician's suspicion for IE is high, presence of tachycardia, and markers of chronic infection ie. anemia and hematuria might increase the odds of having infective endocarditis.